

UNITED STATES BANKRUPTCY COURT
DISTRICT OF NEW JERSEY

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Caption in Compliance with D.N.J. LBR 9004-1(b)

In Re:

Case No.: _____

Judge: _____

Chapter: 13

CHAPTER 13 DEBTOR'S CERTIFICATION IN OPPOSITION

The debtor in this case opposes the following **(choose one)**:

1. ☐ Motion for Relief from the Automatic Stay filed by _____ ,
creditor,

A hearing has been scheduled for _____ , at _____ .

- ☐ Motion to Dismiss filed by the Chapter 13 Trustee.

A hearing has been scheduled for _____ , at _____ .

- ☐ Certification of Default filed by _____ ,

I am requesting a hearing be scheduled on this matter.

2. I oppose the above matter for the following reasons **(choose one)**:

- ☐ Payments have been made in the amount of \$ _____ , but have not
been accounted for. Documentation in support is attached.

☐ Payments have not been made for the following reasons and debtor proposes repayment as follows (**explain your answer**):

☐ Other (**explain your answer**):

3. This certification is being made in an effort to resolve the issues raised in the certification of default or motion.
4. I certify under penalty of perjury that the above is true.

Date: _____

Debtor's Signature

Date: _____

Debtor's Signature

NOTES:

1. Under D.N.J. LBR 4001-1(b)(1), this form must be filed with the court and served on the Chapter 13 Trustee and creditor, if applicable not later than 7 days before the date of the hearing if filed in opposition to a Motion for Relief from the Automatic Stay or Chapter 13 Trustee's Motion to Dismiss.
2. Under D.N.J. 4001-1 (b)(2), this form must be filed with the court and served on the Chapter 13 Trustee and creditor, if applicable not later than 14 days after the filing of a Certification of Default.

Mortgage Assistance

APPLICATION FORM

CARRINGTON
MORTGAGE SERVICES, LLC

If you are having difficulty making your mortgage payments, please complete and submit this application, along with the required documentation, to Carrington Mortgage Services, LLC ("CMS") as soon as possible. We will acknowledge receipt of your application within five business days and let you know if we need any additional information or documentation to complete your application.

We will use the information you provide to help us identify the assistance you may be eligible to receive. If you need help completing this application, please contact us at 800-561-4567.

For a list of HUD-approved housing counseling agencies that can provide foreclosure prevention information, please contact one of the following federal government agencies:

- The U.S. Department of Housing and Urban Development (HUD) at 800-569-4287 or www.hud.gov/counseling
- The Consumer Financial Protection Bureau (CFPB) at 855-411-2372 or www.consumerfinance.gov/mortgagehelp

If you need assistance with translation or other language assistance, HUD-approved housing counseling agencies may be able to assist you. These services are provided without charge.

Loan Overview

LOAN #: [REDACTED] 32 41

BORROWER: Paul R. Daniel ☐ NAME CHANGED SINCE ORIGINATION

SOCIAL SECURITY #: [REDACTED] 8998 MARITAL STATUS: married SPOUSE: Kathleen Daniel

EMAIL: daniel.kathleen@yahoo.com

PRIMARY PHONE: 609 636 4502 ☒ CELL ☐ HOME ☐ WORK ☐ OTHER

ALTERNATE PHONE: 856 579 4383 ☐ CELL ☐ HOME ☐ WORK ☒ OTHER

CO-BORROWER: Kathleen Daniel ☐ NAME CHANGED SINCE ORIGINATION

SOCIAL SECURITY #: [REDACTED] 5294 MARITAL STATUS: married SPOUSE: Paul R. Daniel

EMAIL: -

PRIMARY PHONE: - ☐ CELL ☐ HOME ☐ WORK ☐ OTHER

ALTERNATE PHONE: - ☐ CELL ☐ HOME ☐ WORK ☐ OTHER

ADDITIONAL APPLICANT*: ☐ NAME CHANGED SINCE ORIGINATION

SOCIAL SECURITY #: _____ MARITAL STATUS: _____ SPOUSE: _____

EMAIL: _____

PRIMARY PHONE: _____ ☐ CELL ☐ HOME ☐ WORK ☐ OTHER

ALTERNATE PHONE: _____ ☐ CELL ☐ HOME ☐ WORK ☐ OTHER

*FHA and USDA insured loans will require additional applicants that apply and are approved for a loan modification and/or partial claim to be financially liable for the debt before the workout option becomes effective and may be required to sign a loan assumption agreement.

PREFERRED CONTACT METHOD (Select all that apply):

☐ CELL ☐ HOME PHONE ☐ WORK PHONE ☐ EMAIL ☐ TEXT (checking this box indicates your consent for text messaging)

NOTICE: When you give us your cell number and/or email, we have your permission to contact you at that number and/or email about all of your accounts serviced by Carrington Mortgage Services, LLC ("CMS") and to communicate information about your application for assistance. Your consent specifically allows us to use text messaging, artificial or prerecorded voice message and automatic dialing technology for informational and account service calls, but not for telemarketing or sales calls. It may include contact from companies working on our behalf to service your accounts. You may contact us at any time to change these preferences.

Property Information

PROPERTY ADDRESS:

6 Elinore Ave Stratford CT 06884

OF PEOPLE IN HOUSEHOLD:

2

MAILING ADDRESS (If different from property address):

same

PROPERTY IS CURRENTLY: ☒ A PRIMARY RESIDENCE ☐ A SECONDARY HOME ☐ AN INVESTMENT PROPERTY

PROPERTY IS (Select all that apply): ☒ OWNER OCCUPIED ☐ RENTER OCCUPIED ☐ VACANT

I WANT TO: ☒ KEEP PROPERTY ☐ SELL PROPERTY ☐ TRANSFER OWNERSHIP OF PROPERTY TO MY SERVICER ☐ UNDECIDED

IS PROPERTY LISTED FOR SALE? ☐ YES ☒ NO If yes, provide listing agent's name & phone or "For sale by owner" if applicable:

IS PROPERTY SUBJECT TO CONDOMINIUM OR HOMEOWNERS' ASSOCIATION (HOA) FEES? ☐ YES ☒ NO

If yes, indicate frequency (select one) and amount of dues: \$ ☐ MONTHLY ☐ QUARTERLY ☐ YEARLY

Hardship Information

The hardship causing mortgage payment challenges began on June 2019 (approx. DD/MM/YR) and is believed to be:

☐ SHORT-TERM (Up to 6 Months) ☒ LONG-TERM / PERMANENT (More than 6 Months) ☐ RESOLVED (as of DD/MM/YR)

Is any borrower on active military duty (including National Guard and Reserves), the dependent of a borrower on active duty, or the surviving spouse of a member of the military who was on active duty at the time of death? ☐ YES ☐ NO

TYPE OF HARDSHIP (Check all that apply)	REQUIRED HARDSHIP DOCUMENTATION
<input type="checkbox"/> COVID-19	<input type="checkbox"/> Layoff/Furlough related to COVID-19 <input type="checkbox"/> Reduction in Hours/Pay related to COVID-19 <input type="checkbox"/> Illness/Death of Borrower or Family related to COVID-19
<input type="checkbox"/> Unemployment	• Date of unemployment: _____ • Actively looking for employment? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input checked="" type="checkbox"/> Reduction in income: a decrease in your income due to circumstances outside your control (e.g., elimination of overtime, reduction in regular working hours, a reduction in base pay)	Not required
<input type="checkbox"/> Increase in housing-related expenses: a hardship that has caused an increase in your housing expenses due to circumstances outside your control (e.g., uninsured losses, increased property taxes, etc.)	• Hardship letter outlining the type, timing and amount and if the increase will continue into the foreseeable future
<input type="checkbox"/> Disaster (natural or man-made) impacting the property or borrower's place of employment	Not required
<input type="checkbox"/> Long-term or permanent disability, or serious illness of a borrower/co-borrower or dependent family member	• Written statement from the borrower, or other documentation verifying disability or illness. Note: Detailed medical information is not required. Information from a medical provider is not required
<input type="checkbox"/> Divorce or legal separation	• Court approved divorce decree or final separation agreement AND recorded quitclaim deed (warranty deed for TX properties)
<input type="checkbox"/> Separation of borrowers unrelated by marriage, civil union, similar domestic partnership under applicable law	• Recorded quitclaim deed (special warranty deed for TX properties) OR legally binding agreement evidencing that the non-occupying borrower has relinquished all rights to the property
<input type="checkbox"/> Death of borrower or death of either the primary or secondary wage earner	• Death certificate OR obituary/newspaper article reporting the death
<input type="checkbox"/> Distant employment transfer/relocation	• For active duty service members: Permanent Change of Station orders or letter showing transfer • For employment transfers/new employment: Copy of signed offer letter from employer showing transfer to new location AND documentation reflecting amount of any relocation assistance provided
<input type="checkbox"/> Other (hardship that is not covered above)	• Letter describing details of the hardship and relevant documentation

Monthly Household Income Documentation Requirements

Carefully review the income documentation requirements below, then complete the borrower, co-borrower and applicant income details on pages 3-4:

INCOME TYPE	REQUIRED INCOME DOCUMENTATION
Gross (pre-tax) wages, salaries and overtime pay, commissions, tips, and bonuses	<ul style="list-style-type: none"> • Most recent 30 days consecutive paystubs showing year to date earnings • Weekly pay: 4 paystubs; Bi-weekly or Semi-monthly pay: 2 paystubs; Monthly pay: 1 paystub
Self-employment income	<ul style="list-style-type: none"> • Most recent signed and dated quarterly or year-to-date profit/loss statement AND • Most recent complete and signed business tax return including all schedules OR • Most recent complete and signed individual federal tax return or completed including all schedules and signed 4506T (attached) if tax returns not available
Unemployment benefit income	<ul style="list-style-type: none"> • Most recent benefit/award letter or statement
Taxable Social Security, pension, disability, death benefits, adoption assistance, housing allowance, & other public assistance	<ul style="list-style-type: none"> • 2 most recent bank statements showing deposits (all pages) AND • Award letters or other documentation showing the amount, duration and frequency of the benefits
Non-taxable Social Security or disability income	<ul style="list-style-type: none"> • 2 most recent bank statements showing deposits (all pages) AND • Award letters or other documentation showing the amount, duration and frequency of the benefits
Rental income (rents received, less expenses other than mortgage expense)	<ul style="list-style-type: none"> • 2 most recent bank statements demonstrating receipt of rent AND • Current lease agreements for all properties AND • Mortgage statements for all non-CMS serviced loans AND • Most recent filed and signed Federal Tax Return including Scheduled E
Investment or insurance income	<ul style="list-style-type: none"> • 2 most recent investment statements AND • 2 most recent bank statements supporting receipt of the income
Other sources of income not listed above <i>Note: Only include alimony, child support, or separate maintenance income if you choose to have it considered for repaying this loan</i>	<ul style="list-style-type: none"> • 2 most recent bank statements showing receipt of income AND • Other documentation showing the amount and frequency of the income

Monthly Household Income for Borrower(s)/Applicant

BORROWER		CO-BORROWER		ADDITIONAL APPLICANT	
Are you a wage earner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Start Date (DD/MM/YR): <u>01/31/2013</u>	Are you a wage earner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Start Date (DD/MM/YR): <u>06/01/2008</u>	Are you a wage earner? <input type="checkbox"/> Yes <input type="checkbox"/> No	Start Date (DD/MM/YR): _____
Do you receive bonus/commission? <input type="checkbox"/> Yes <input type="checkbox"/> No	Paid weekly, monthly, or annually? _____	Do you receive bonus/commission? <input type="checkbox"/> Yes <input type="checkbox"/> No	Paid weekly, monthly, or annually? _____	Do you receive bonus/commission? <input type="checkbox"/> Yes <input type="checkbox"/> No	Paid weekly, monthly, or annually? _____
Are you self-employed? <input type="checkbox"/> Yes <input type="checkbox"/> No	% of business owned: _____% Business Start Date: _____	Are you self-employed? <input type="checkbox"/> Yes <input type="checkbox"/> No	% of business owned: _____% Business Start Date: _____	Are you self-employed? <input type="checkbox"/> Yes <input type="checkbox"/> No	% of business owned: _____% Business Start Date: _____
Are you a school employee? <input type="checkbox"/> Yes <input type="checkbox"/> No	# of months paid per year? _____	Are you a school employee? <input type="checkbox"/> Yes <input type="checkbox"/> No	# of months paid per year? _____	Are you a school employee? <input type="checkbox"/> Yes <input type="checkbox"/> No	# of months paid per year? _____
Do you have rental income? <input type="checkbox"/> Yes <input type="checkbox"/> No	# of properties/units: _____ Total rents received: \$ _____	Do you have rental income? <input type="checkbox"/> Yes <input type="checkbox"/> No	# of properties/units: _____ Total rents received: \$ _____	Do you have rental income? <input type="checkbox"/> Yes <input type="checkbox"/> No	# of properties/units: _____ Total rents received: \$ _____
Do you have other income sources not listed above? <input type="checkbox"/> Yes <input type="checkbox"/> No	List type(s): _____ List frequency: _____	Do you have other income sources not listed above? <input type="checkbox"/> Yes <input type="checkbox"/> No	List type(s): _____ List frequency: _____	Do you have other income sources not listed above? <input type="checkbox"/> Yes <input type="checkbox"/> No	List type(s): _____ List frequency: _____
Total Monthly Gross Income \$ _____	Total Monthly Net Income \$ _____	Total Monthly Gross Income \$ _____	Total Monthly Net Income \$ _____	Total Monthly Gross Income \$ _____	Total Monthly Net Income \$ _____

Household Assets

List all household assets. Exclude retirement funds (e.g. 401(k) or Individual Retirement Account (IRA)) and college savings accounts (e.g. 529 plan):

ASSET TYPE	TOTAL AMOUNT
Checking/Savings account(s) and cash on hand	\$ 1800.00
Money Market Funds and Certificates of Deposit (CDs)	\$ —
Stocks and bonds (non-retirement accounts)	\$ —
Other (List items below)	\$ —

Monthly Household Living Expenses

List average monthly household expenses:

EXPENSE TYPE	TOTAL AMOUNT
Utilities (including electric, water, gas, cell, cable, etc.)	\$ 400.00
Food (including groceries, household supplies, pet expenses, etc.)	\$ 300.00
Auto (including gas, insurance, repairs, tolls, etc.)	\$ 400.00
Tuition / Child Care	\$ —
Medical	\$ 35.00
Child Support / Alimony	\$ —
Miscellaneous Recurring Expenses (List items below)	\$ —

Mortgage Assistance Application Terms of Agreement

1. I/We certify and acknowledge that all of the information in this Mortgage Assistance Application is truthful, and the hardship I identified contributed to my need for mortgage relief. Knowingly submitting false information may violate Federal and other applicable law.
2. I/We agree to provide my servicer with all required documents, including any additional supporting documentation as requested, and will respond in a timely manner to all servicer or authorized third party* communications.
3. I/We acknowledge and agree that my servicer is not obligated to offer me assistance based solely on the representations in this document or other documentation submitted in connection with my request.
4. I/We consent to the servicer or authorized third party* obtaining a current credit report for the borrower and co-borrower.
5. I/We consent to the disclosure by my servicer, authorized third party,* or any investor/guarantor of my mortgage loan(s), of any personal information collected during the mortgage assistance process and of any information about any relief I receive, to any third party that deals with my first lien or subordinate lien (if applicable) mortgage loan(s), including Fannie Mae, Freddie Mac, or any investor, insurer, guarantor, or servicer of my mortgage loan(s) or any companies that provide support services to them, for purposes permitted by applicable law. Personal information may include, but is not limited to: (a) my name, address, telephone number, (b) my Social Security number, (c) my credit score, (d) my income, and (e) my payment history and information about my account balances and activity.
6. I/We agree that the terms of this borrower certification and agreement will apply to any modification trial period plan, repayment plan, or forbearance plan that I may be offered based on this application. If I receive an offer for a modification trial period plan or repayment plan, I agree that my first timely payment under the plan will serve as acceptance of the plan.
7. I/We consent to being contacted concerning this application for mortgage assistance at any telephone number, including mobile telephone number, or email address I have provided to the lender, servicer, or authorized third party.*
8. **Taxpayer First Act Disclosure and Consent to Use Tax Return Information**

Federal law requires this consent be provided to you. Carrington Mortgage Services, LLC (CMS) will not use, disclose or share your tax return information for any purpose other than the express purposes outlined below and shall not disclose tax return information to any other party without your express permission or request. If you agree with the terms below, please sign and date below.

I/We agree and authorize Carrington Mortgage Services, LLC, its affiliates, employees, managers, partners, officers, agents, service providers, successors and assigns and any third parties involved in this mortgage transaction to obtain, use, disclose or share tax return information for purposes of offering, marketing, originating, purchasing, servicing, maintaining, managing, insuring, selling, and/or securitizing this mortgage loan including, but not limited to, any due diligence activities associated therewith, in accordance with applicable laws, including state and federal privacy and data security laws. Third parties may include Fannie Mae, Freddie Mac, FHA, VA, USDA or any investor, guarantor, insurer, servicer, or purchaser of the loan, including any companies that provide support services to such parties for purposes permitted by applicable law.

**An authorized third party may include, but is not limited to, a housing counseling agency, Housing Finance Agency (HFA) or other similar entity that is assisting me in obtaining a foreclosure prevention alternative.*

Required Signature Section for All Applicants

All applicants must sign and date this form.

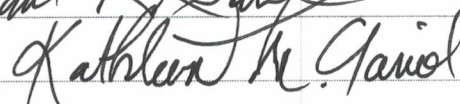
BORROWER SIGNATURE:



DATE:

10/26/21

CO-BORROWER SIGNATURE:



DATE:

10/26/21

ADDITIONAL APPLICANT SIGNATURE:

DATE: